

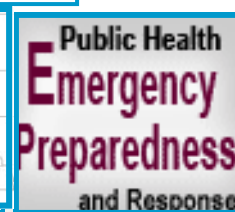
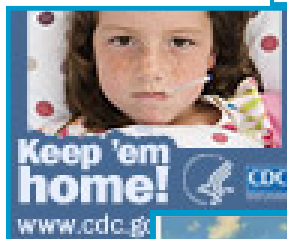


CHELAN DOUGLAS HEALTH DISTRICT

2010 Annual Report



www.cdhd.wa.gov

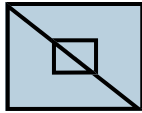


**Public Health Programs Serving the
People of Chelan and Douglas Counties**

Personal Health

Environmental Health

Community Health and Preparedness

**WHAT IS PUBLIC HEALTH**

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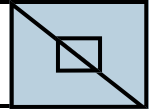
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From the desk of the Administrator:

A lot has changed since I arrived at Chelan-Douglas Health District as administrator in late 2003. We had about 60 staff members then, and now we have about 30. Here are a few examples of local public health services we have lost since then:

<u>Program/Service Losses</u>	<u>As of 2004</u>	<u>In 2010</u>	<u>Expected in 2011</u>
<i>Home visits by public health nurses for vulnerable babies/families</i> <small>1st Steps, Alternate Response & Early Intervention</small>	2,041	115	115
<i>Immunizations given directly by public health nurses.</i>	7,179	3,800	2,000
<i>HIV Prevention -Testing & Counseling</i>	80	19	0
<i>Oral health screenings and other oral health services for children.</i>	323	0	0
<i>Sexually transmitted disease clinic visits (for STDs other than HIV).</i>	513	0	0
<i>Tobacco prevention services aimed at reducing the health impacts of tobacco use on the population, esp. youth.</i> <small>Second hand smoke education, quit Line promotion, teen education/TATU, local smoking policy issues</small>	1.0 FTE working with community & youth	0.75 FTE working with community & youth	0 FTE No local funding
<i>Passport - vaccine and medical information provided for foster care kids</i>	108	0	0
<i>Healthy Childcare WA— Childcare health & safety site reviews by a Public Health Nurse</i>	88	91	0

It has been a tough period, but we are increasingly focused on the future. The fewer resources we have for basic public health protections, the more critical it is to use them well.

This report outlines what we're doing with our remaining resources, and that represents some tough decisions by our Board of Health about the minimal public health services that must be maintained in any civilized community.

We are working to stretch our resources as far as possible, consistent with excellence in our programs. It would be easy enough to focus only on our losses, but what I see every day is a group of dedicated people who are determined to provide the best possible public health services with the resources we are given. I am proud of them each and every day, and this annual report shows why.

Sincerely yours,

Barry Kling, Administrator



What is Public Health?

- Public Health works to protect the whole community from health threats like contagious disease or unsafe drinking water.
 - ◊ Public health is not government medical care (a common misconception), but a community-oriented set of prevention services.
 - ◊ Public health is basic to any community, like fire protection and law enforcement.
- ♦ Examples of Public Health Services Include:
 - ◊ Controlling Tuberculosis and other contagious diseases.
 - ◊ Keeping food safe through restaurant inspections.
 - ◊ Protecting at-risk children through public health nursing visits and supplemental foods (WIC).
 - ◊ Disease outbreak investigations, to find and stop the source of infection.
 - ◊ Smoking prevention.
 - ◊ Safe landfills to protect air and water.
 - ◊ Safe septic systems to prevent disease, protect groundwater.
 - ◊ Drinking water protection.
 - ◊ Immunizations to prevent disease, for children and for adults.
 - ◊ Resolving problems with illegal dumps and similar solid waste issues.
 - ◊ Preparedness for health emergencies such as pandemic influenza, fires or weather disasters.
- ♦ Local, state and federal funds support our locally-governed public health departments.

PERSONAL HEALTH

SEXUALLY TRANSMITTED DISEASES (STD)

STD's	2008	2009	2010
Chlamydia	291	259	255
Gonorrhea	9	4	4
*Herpes	51	18	20
Syphilis	0	1	2
Total	351	282	281

* INITIAL DIAGNOSIS

Chlamydia, often asymptomatic, is the most frequently reported STD in WA and the US. A large number of infected people fail to seek treatment. The highest percent of reported cases are seen in men and women 20-24 years of age. While gonorrhea is seen less often, there is growing concern over antibiotic resistant strains of gonorrhea appearing in WA and the US.

HIV/AIDS

CASE MANAGEMENT



HIV/AIDS medical case management services are provided for HIV/AIDS positive individuals. Case management's focus is to assess, plan and implement medical care, insurance, medication adherence, risk reduction behaviors, and disease tracking. Referrals are provided for housing, dental, legal and mental health.

There were 8 newly diagnosed HIV infections this year
compared to 2 newly diagnosed individuals in '08 and '09.

Only 19 people received counseling and testing due to funding cuts 39 clients receive HIV case management

COMMUNICABLE DISEASES

TB TUBERCULOSIS

Program Goals

Increasing case finding efforts, community education and implementing a patient satisfaction survey for clients receiving nursing case management.

TB staff are a resource for medical providers and staff.

TB Case Management

of active TB cases in 2010 - 3 (plus 1 extra-pulmonary case)

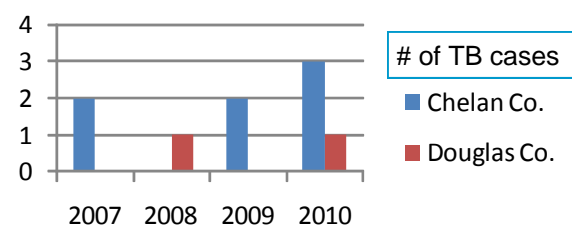
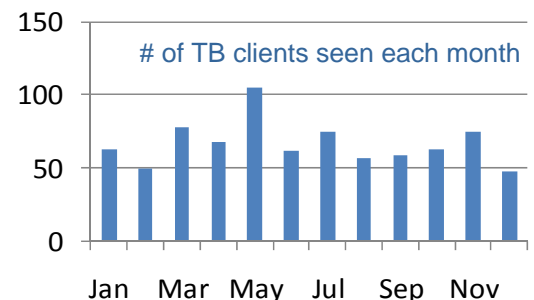
of TB skin tests—241 (down 30% from '09)

of Quantiferon gold blood tests, 133, (18% positive)

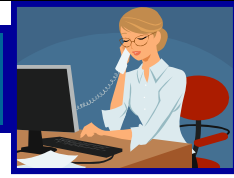
Total # of TB clinic visits—799 (1,134 in '09)

53 suspect TB cases were ruled out

4 contact investigations were completed



SURVEILLANCE AND REPORTING



Reported Conditions	2008	2009	2010
Hepatitis C (chronic)	108	82	70
Animal Bites	2	16	45
Salmonella	9	12	13
Giardia	2	4	10
Campylobacter	7	6	18
Shigella	4	2	1
Hepatitis B (chronic)	1	2	7
Pertussis	1	0	1
E. coli (all shiga toxin producing)	0	1	3*
<i>Haemophilus influenzae type b (Hib)</i>	0	1	0
West Nile Virus	0	0	1**
Total	134	126	169

*All shiga toxin producing E.coli (not just O157) are now reported in WA state

**Infection acquired out of state

There was a significant increase seen in the number of animal bites, campylobacter and giardia cases reported.

Giardia and Campylobacter are required to be reported by providers within 3 working days of diagnosis. Laboratories are not required to report positive results.

The CDHD CD program coordinated with local labs to report positive giardia and campylobacter tests into PHRED, the electronic lab reporting system, thus increasing the number of cases that reach the health district staff.

Animal bites are required to be reported by a provider immediately to CDHD. CDHD CD program worked with providers and nurses at county ERs and walk-in clinics to increase awareness of the reporting requirement, thus increasing the number of reported cases.

Hepatitis C is the most commonly reported non-STD notifiable condition seen in Chehalis and Douglas counties. Hepatitis C is a disease of the liver caused by the hepatitis C virus and is the most common blood-borne infection in the United States. It is estimated that 3.9 million people (1.8 percent of the population of the US) are infected with the hepatitis C virus, and of these individuals, 2.7 million are chronically infected. Hepatitis C virus infection can lead to cirrhosis and liver cancer. It is the most common cause, after alcohol, of chronic liver disease. Hepatitis C virus is the most frequent reason in the United States for a liver transplant. In WA State, an estimated 100,000 people may be infected with hepatitis C virus. There is no vaccine.

Surveillance activities also include seasonal monitoring for diseases like West Nile Virus (WNV) & rabies.



In 2010, fourteen calls were received regarding rabies and/or WNV.

In all, eleven animals were sent in for testing 10 for Rabies and 1 for WNV

Results: There was one positive, a rabid bat, in 2010.

West Nile Virus (WNV) is spread most often by mosquitoes biting people after feeding on an infected bird.





VACCINE PREVENTABLE DISEASES

CHALLENGES

Maintaining high immunization rates for 2 year-old children, reducing school exemption rates, educating vaccine hesitant parents about the risks associated with not vaccinating, and assuring access to immunizations in rural communities

We continue work to increase the uptake of new and underused child and adolescent vaccines. Immunization efforts are focusing on improving the use of Varicella, Rotavirus, HPV, and Influenza vaccines.



IMMUNIZATION

Rural Outreach Clinics Served 13 Cities

60 Clinics - 2,751 vaccines & 13 community activities to raise awareness about vaccine preventable disease.

Seasonal Flu Shot Clinics Served

7 senior/community centers, 1 assisted living center, 17 corporate flu clinics and 9 school clinics.

H1N1 Clinics

15 senior center/community clinics, 1 assisted living center, and 8 school clinics serving 1,330 people

Provider Outreach

1 vaccine provider site had Vaccine for Children (VFC) quality assurance visits

4 providers had combination VFC/AFIX (assessment) site visits

29 providers received educational updates.

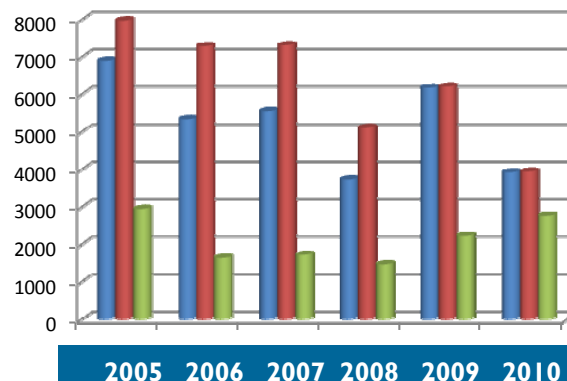
1 provider had an AFIX visit only

COCASA training was provided for 1 provider

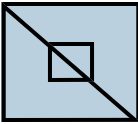
Continued Community Outreach Education to local childbirth classes at CWH and WVMC. We also began offering educational material to the Lake Chelan Community Hospital childbirth classes.

Distributed approx. 1400 baby bibs promoting immunizations to birthing hospitals.

Received a Reaching More Children (ARRA) federal grant: Worked with 5 VFC providers to improve immunization rates by establishing a record clean-up and reminder-recall system in their office.



■ # of Clients Seen by CDHD
 ■ # of Immunizations Given
 ■ # Given at Outreach Clinics



PREVENTION AND INTERVENTION



W

Even though they are working the majority of WIC families in both counties are living in poverty.

I

% of births in Douglas Co. served by WIC	67%
Douglas Co. WIC families living in poverty	69.5%
Douglas Co. % of WIC working families	75.8%

C

% of births in Chelan Co. served by WIC	67%
Chelan Co. WIC families living in poverty	75.7%
Chelan Co. % of WIC working families	79.7%

1,419

Total Number of Clients

A Healthy Start

Helping pregnant women, new mothers, and young children eat well, learn about nutrition and learn how to stay healthy.

CDHD WIC provided \$550,334 for WIC clients to buy healthy foods.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

This program provides public health nurse (PHN) visits for children (birth to 18 years of age) who have physical, behavioral or emotional conditions that require services beyond those required by children in general.

Examples include developmental delays, cancer, Down's syndrome, and premature birth.



The PHN facilitates access to health care needs, provides care coordination, supports family centered care, teaches advocacy skills and promotes the coordination of care across systems.

37 new referrals were received in 2010**115 home visits were made**

SAFE AND HEALTHY KIDS

CHILD CARE

For a fee, childcare consultation is provided by a Public Health Nurse using knowledge of child development and special needs, the Public Health Nurse promotes wellness practices, illness prevention, immunizations and management of communicable disease in the child care setting. These Centers also were provided staff trainings based on their need for education in the fore mentioned topics.

Childcare consultation includes monthly site visits to infant rooms, and phone or email consultations as needed. For the first half of 2010 childcare providers were served through classes provided in partnership with the childcare resource and referral. A very limited amount of consulting was done or by phone or email consultation.

91 site visits were made in 2010 9 Contracted Childcare Centers





Two DSHS CONTRACTED PROGRAMS FOR FAMILIES AT RISK of Abuse or Neglect were cut due to reductions in funding during 2010.

Public Health Nurses no longer provide these home visiting services

Early Intervention Program, EIP

Early Family Support Services, EFSS

COMMUNITY HEALTH & PREPAREDNESS

TOBACCO



For WA State—14.8% of Adults Smoke

Douglas County

16.8% of Adults Smoke

30 infants a year are born to mothers who smoke

7.7% of pregnant women smoke

120 Quit Line Calls

Chelan County

11.8% of Adults Smoke

60 infants a year are born to mothers who smoke

7.3% of pregnant women smoke

263 Quit Line Calls

Tobacco remains the main cause of preventable disease and death in Washington state, killing about 7,600 people every year. This despite major gains in reducing tobacco use and exposure since the Washington State Department of Health started the Tobacco Prevention and Control Program nearly ten years ago. While adult smoking has declined by 32 percent, from 22.4 percent in 1999 to 14.8 percent in 2009, about 750,000 Washingtonians still smoke. **State funding for CDHD's Tobacco Prevention work was eliminated on Jan. 1, 2011**

ORAL HEALTH COALITION

The Chelan-Douglas Oral Health Coalition explores access issues for oral health care in our community.

of Pregnant women receiving referrals to dental care.

2008

2009

2010

59

67

88

ABCD - 286 children were referred to dentists in 2010

Oral Health funding supporting the ABCD program was cut 12/31/10.

1,146 Children are signed up under **ABCD** (Birth to 5 years)

ABCD—Teaching Medicaid eligible parents how to access dental care for their children.



REGION 7 DISASTER PREPAREDNESS HEALTHCARE COALITION



Health Care Partners Serving Chelan, Douglas, Grant,
Kittitas & Okanogan Counties
Work Together to Improve Regional Response

Mission

*Planning for medical surge capacity & capability for region-wide
resource management in large scale health emergencies.*

In 2010 the coalition completed regional planning for Alternate Care Facility (ACF) use. The coalition identified locations for shelters and planned to purchase equipment to stock four trailers for tier II medical needs shelters. Each trailer will contain 25 beds and general cache equipment needed to operate a shelter. The region also has the ability to unite creating a 100 bed shelter facility. The coalition agreed to exercise opening a 100 bed shelter facility in the Spring of 2011. This will be a test of the Regional and County Control Hospital roles under a United Incident Command.

REGIONAL RESOURCES

• Regional All Hazards Plan	• Alternate Care Site Plan	• Mass Fatality Planning
• Hospital Emergency Radio Communication System	• 4 25-Bed Cache Trailers	• Hospital Equipment
• Region 7 Healthcare MOU	• Pharmaceuticals	• Staff Training

ALTERNATE CARE FACILITY TRAILERS

The coalition took action to complete four tier II medical needs shelter trailers for medical surge response. These can be used for local county, regional or state disaster response needs. Planning included the completion of an ACF MOU annex - for requesting and authorizing use of the cache trailers. The workgroup plans to standardize the trailers in 2011 by picking one layout for trailer supplies.

MASS FATALITY PLANNING

Work is ongoing now for the regional mass fatality plan. Emergency Management, coroners and funeral directors will be at the table to help identify local and regional resources. The workgroup will also identify mass fatality resource gaps so that those items identified can be added to our prioritization list as we go forward.

I - 97 CORRIDOR COMMUNICATION SYSTEM

The need for redundant communications between healthcare partners, especially our 12 hospitals in Region 7 during emergencies was highlighted as a critical need by Department of Health (DOH). Our Coalition was able to request special grant funding to purchase a radio system that allows for communication between all Region 7 hospitals.

WA-TRAC—HOSPITAL BED TRACKING

This bed tracking system has added modules for emergency response. Decisions on adoption of these modules will occur early in 2011.

VITAL RECORDS



Staff issue local birth and death certificates for the community. The forms are also available on our website for customer convenience.

<http://www.cdhd.wa.gov/BirthandDeathCertificates.htm>

2007	2008	2009	2010	
8,814	9,219	8,719	8,173	Birth & Death Certificates Issued
1,552	1,598	1,569	1,273	BIRTHS
895	998	968	986	DEATHS

ENVIRONMENTAL HEALTH

FOOD SAFETY



The Center for Disease Control recently estimated that food borne illness results in 48 million illnesses, 128,000 hospitalizations, and 3,000 deaths annually. Most illnesses result from improper cooking & holding temperatures, cross contamination, and poor hygiene.

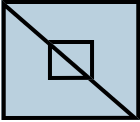
To protect public health, staff provide basic training to food industry employees, conduct regular inspections of restaurants, review menu and design plans for new restaurants, and investigate food borne illness complaints.

Program Objective: Reduce the number of restaurants seen during the year with 1 or more critical violation points, or unsatisfactory inspections.

2008	2009	2010	Results
3%	4%	4%	Restaurants with Unsatisfactory Inspections
48%	44%	59%	Restaurants Observed With 1 Or More *Critical Violations

* **Critical Violations** are high risk activities associated with foodborne illness.

2008	2009	2010	
658	671	712	Restaurants Permitted Annually
1,053	1,138	1,295	Inspections Conducted
352	368	425	Temporary Food Service Events Permitted
5,230	5,506	5,666	Food Workers Educated & Issued Cards
65	68	58	Food Safety Complaints Investigated



LABORATORY SERVICES



Drinking water contaminated with nitrates and/or coliform bacteria has the potential to cause human illness. To protect public health, staff analyze drinking water samples for the presence of coliform bacteria and nitrates and process various medical samples.

2008	2009	2010	
2,343	2,188	2,086	Water Samples Analyzed
233	272	331	Medical Samples Processed

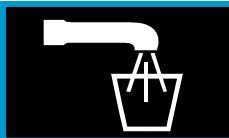
WATER RECREATION

Pools, spas and water parks are a potential source for waterborne illnesses, unintentional injuries and accidental drowning. To protect public health, staff review plans for proposed facilities, investigate complaints, and conduct health and safety inspections on all permitted facilities.



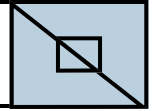
2008	2009	2010	POOLS
180	184	183	Facility Permits Issued
286	337	179	Inspections Conducted

DRINKING WATER



Contaminated drinking water is a known cause of serious waterborne illnesses. To protect public health, staff review development proposals for the presence of approved water sources, conduct site evaluations for new water systems, and monitor water quality data for operating water systems.

2008	2009	2010	
120	122	75	New Private Water Sources Evaluated
13	9	8	New Public Water Systems Reviewed
11	12	30	Sanitary Surveys Completed Group A & B



CHEMICAL & PHYSICAL HAZARDS



To protect public health, staff assist local law enforcement during investigations of suspected methamphetamine labs and post contaminated properties as “Unfit for Use” when appropriate. Once posted, staff provide technical assistance to the property owners concerning required cleanup measures.

Program Objective: Prevent public exposure to hazardous chemicals used in illegal drug production and other activities.

2008	2009	2010	
4	3	4	Properties Under Assessment for Meth Lab Contamination
5	1	0	Initial Investigations Conducted on Suspected Contaminated Properties
4	11	6	Site Hazard Assessments Completed



ONSITE SEPTIC AND LAND USE

To protect public health & the environment from the affects of improper wastewater disposal, staff evaluate proposed installation sites, review the design & construction of new septic systems, license industry professionals, and investigate reports of failing septic systems.

Program Objective: Insure timely investigation and correction of reported septic system failures.

2008	2009	2010	Results
93%	79%	92%	Failing septic systems with corrective action initiated within 14 days

2008	2009	2010	
443	320	313	Septic Permits Issued
363	226	113	Land Use Applications Reviewed
105	106	123	Septic Industry Professionals Licensed

SOLID & HAZARDOUS WASTE



Improper waste disposal has the potential to attract disease carrying vermin and adversely impact air & water quality. To protect public health, staff investigates complaints concerning solid waste accumulations & illegal dumping, regulate the operation of solid waste facilities, review design plans for proposed solid waste facilities, and monitor the maintenance of closed landfills.

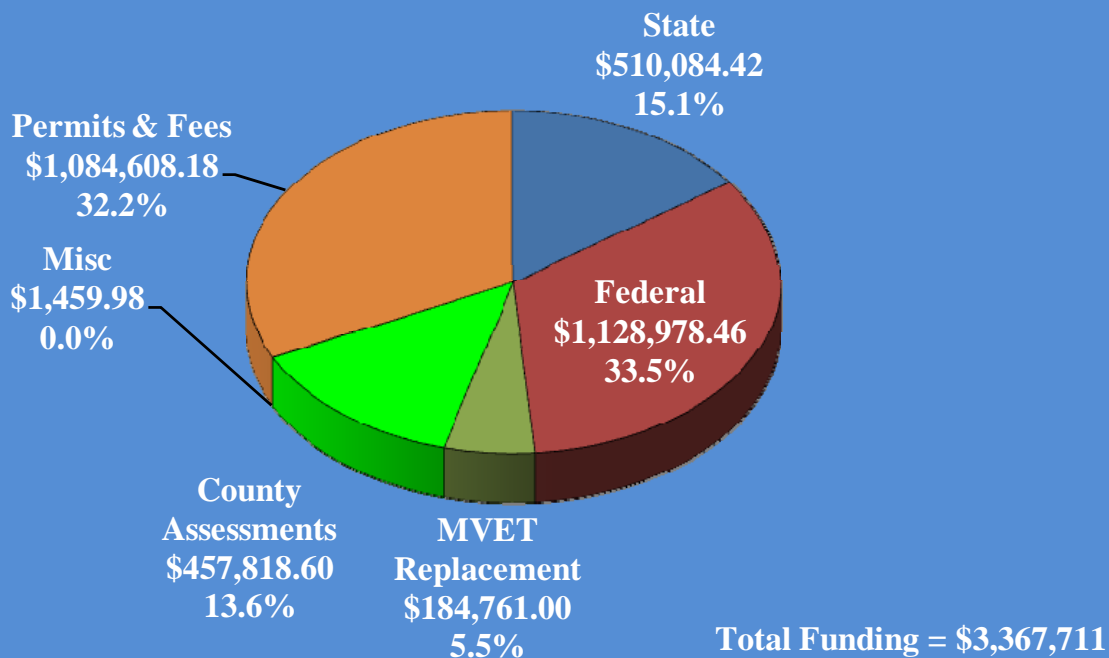
Program Objective: Maintain a 90% success rate for resolving solid waste complaints

2008	2009	2010	Results
97	77	77	# of solid Waste Complaints
97%	100%	99%	Solid Waste Complaints Investigated & Resolved

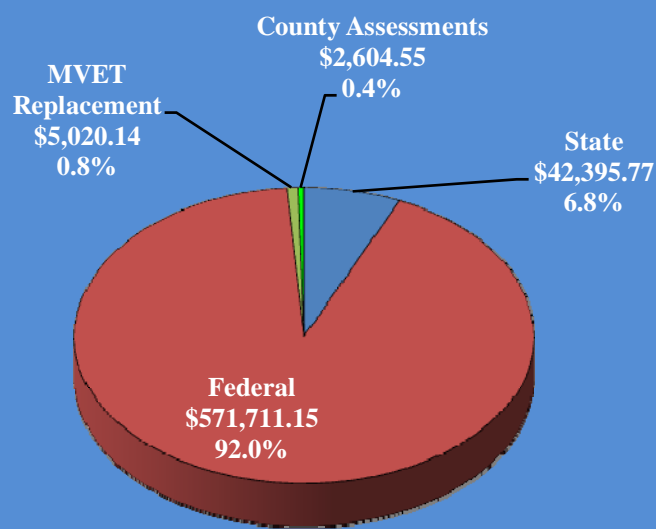
2008	2009	2010	
10	12	10	Solid Waste Facilities Permitted
40	48	40	Solid Waste Facility Inspections Conducted
12	12	11	Bio-solids Compliance Inspections Conducted
3	3	4	Closed Landfills Monitored

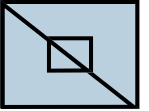


2010 Agency Funding Sources

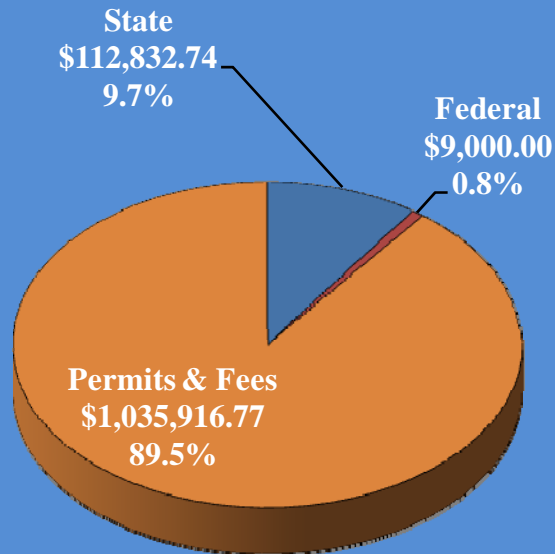


2010 Community Health Preparedness Funding Sources



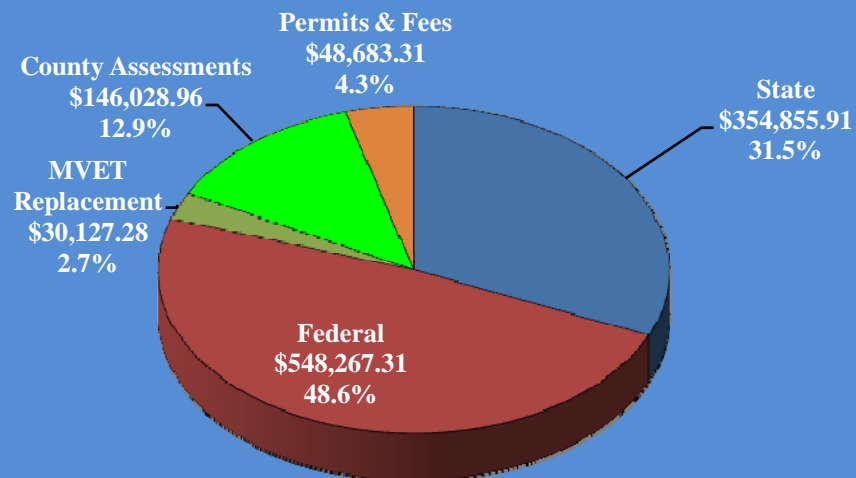


2010 Environmental Health Funding Sources



Total Funding = \$1,157,750

2010 Personal Health Funding Sources



Total Funding = \$1,127,963

Chelan-Douglas Health District 2010 Organization Chart

November 5, 2010

